SUMMARY FORM

COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

Section I: Agreement Deta Public Employer:	City of Absecon County: Atlantic						
	IBT Loc 107						
Employee Organization				Employees in Unit: 5			
Base Year Contract Term:	1/1/2011	1 12/31/2014 New Contra		ract Term1/1/2015	act Term 1/1/2015 12/31/2018		
Type of Settlement:	☐ Mediated Set	tlement	act-Finder Recomme	ndation	Voluntary Settlement	Conciliation	
			Base Year	umn A - Total Costs evious agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)		
Section II: Economic							
Item 1 Sal	ary	_	\$241,276		\$262,297		
Item 2 Incr	rement	_	\$9,000		\$5,196		
Item 3 Lon	gevity	_	\$12,021		\$0		
Item 4							
Item 5							
Item 6							
Item 7		_					
Item 8		<u> </u>					
Item 9							
Item 10							
Item 11							
Item 12							
Any additional items list on separate sh	eet	Additional Items					
Section III: Totals - Sum of cost	ts in each column		\$262,297		\$267,493		
			Τ)	otal)	(Total)		
Section IV: Analysis of new success	nor agraement		NEW ACDES	MENT ANALYSIS			
Total Base Year(previous agreement)	\$262,297		MENTIONEE	THE TOTAL TOTAL			
	\$202,237						
Effective Date (m/d/yyyy)		1/1/2015	1/1/2016	1/1/2017	1/1/2018		
Percent Increase		2%	2%	2%	2%		
Total cost of increase		\$5,196	\$5,350	\$5,457	\$5,566		
Total base salary (successor agreement	ŋ	\$267,493	\$272,843	\$278,300	\$283,866		
ection V: Impact of Settlem	ent - average annual	increase over term of agre	eement				
Percentage Impact (average per year ov	ver term of agreement)	2.00					
Dollar Impact (average per year over ter	m of agreement)	\$33,230.00					
		400,200.00					
ection VI							
Health Insurance (Indicate costs associa	ated on each line)						
Coal of Newlife Plan		Base Year	Year 1				
Cost of Health Plan		\$121,206	\$133,058				
Employee Contributions		\$13,000	\$15,997				
Prescription							
Dental		\$7,500	\$8,528				
Vision		\$472	\$472				
The undersigned certifies th	at the foregoing figu	res are true and is aware	e that if any of the fo	oregoing items are false,	, s/he is subject to punisment.		
ection VII							
Prepared by:	Jessica T	hompson		Title:	Administrator/CFO		
		Print Name					
	Jessica T	hompson	Pumper LeCk of Normal Is, City of America. In Legislation of the City of America.	Date:	9/23/2015		
		Signature					